

## KANSAS TITLE XXI PROGRAM FACT SHEET

<b>Name of Plan:</b>	<b>HealthWave</b>
<b>Date Plan Submitted:</b>	July 14, 1998
<b>Date Plan Approved:</b>	September 1, 1998
<b>Plan Effective Date:</b>	July 1, 1998
<b>Date Amendment #1 Submitted:</b>	March 30, 1999
<b>Date Amendment #1 Approved:</b>	April 20, 2000
<b>Date Amendment #1 Effective:</b>	April 20, 2000
<b>Date Amendment #2 Submitted:</b>	March 21, 2001
<b>Date Amendment #2 Approved:</b>	June 22, 2001
<b>Date Amendment #2 Effective:</b>	May 1, 2001
<b>Date Amendment #3 Submitted:</b>	June 20, 2002
<b>Date Amendment #3 Approved:</b>	September 18, 2002
<b>Date Amendment #4 Submitted:</b>	December 5, 2002
<b>Date Amendment #4 Approved:</b>	March 5, 2003
<b>Date Amendment #4 Effective:</b>	January 1, 2003
<b>Date Amendment #5 Submitted:</b>	June 11, 2003
<b>Date Amendment #5 Approved:</b>	September 8, 2003
<b>Date Amendment #5 Effective:</b>	July 1, 2003
<b>Date Amendment #6 Submitted:</b>	August 3, 2005
<b>Date Amendment #6 Approved:</b>	October 17, 2005
<b>Date Amendment #6 Effective:</b>	July 1, 2005
<b>Date Amendment #7 Submitted:</b>	March 31, 2006
<b>Date Amendment #7 Approved:</b>	July 31, 2006
<b>Date Amendment #7 Effective:</b>	July 1, 2006

### Background

- On September 1, 1998, Kansas received approval for their initial Title XXI State plan, HealthWave, a separate child health program, to expand coverage to low-income children in families with incomes up to 200 percent of the Federal Poverty Level (FPL), who are not eligible for Medicaid.

### Amendments

- On March 30, 1999, Kansas submitted its first State plan amendment to allow an infant born to a mother, who is under age 19 and enrolled in HealthWave, to retroactively enroll in HealthWave starting with the month of birth as a means of ensuring continuity of care for the newborn. However, the infant must be screened for Medicaid eligibility and enrolled in Medicaid, if appropriate, no later than 90 days from the date the Agency was notified of the infant's birth. The mother of the infant will already be screened for Medicaid eligibility as a pregnant woman, with a family size that includes the unborn child. This amendment also specifies that the clearinghouse contractor is responsible for enrollment of HealthWave eligibles into participating health plans.
- On March 21, 2001, Kansas submitted its second State plan amendment to eliminate the requirement that a child be uninsured for a 6-month period prior to application to its separate child health insurance program, HealthWave.
- On June 28, 2002, Kansas submitted its third amendment to update and amend the SCHIP State plan to indicate the State's compliance with the final SCHIP regulations.
- On December 5, 2002, Kansas submitted its fourth amendment to increase premiums from \$10 to \$30 per month per family where family income is between 151 and 175 percent of the FPL and from \$15 to \$45 per month per family where family income is between 176 percent and 200 percent of the FPL.
- On June 11, 2003, Kansas submitted its fifth amendment to decrease premiums from \$30 to \$20 per month per family where family income is between 151 percent and 175 percent of the FPL and from \$45 to \$30 per month per family where family income is between 176 percent and 200 percent of the FPL.
- On August 3, 2005, Kansas submitted its sixth amendment to reflect changes made by the Kansas Legislature to transfer the authority to administer the State's SCHIP program from the Secretary of Social and Rehabilitation Services on an interim basis to a new Division of Health Policy and Finance within the Department of Administration. This amendment also reflects the establishment of the Kansas Health Policy Authority, which will permanently assume administration of SCHIP in Kansas.
- On March 31, 2006, Kansas submitted its seventh amendment to add presumptive eligibility (PE) for children ages 0 through 18 who appear to be eligible for the State's Title XXI State plan until a final eligibility determination is made. It also streamlines the administrative processing of dental claims for the Kansas Medical Assistance Program (KMAP) by having one entity responsible for claims payment of both Title XIX and Title XXI dental claims. In addition, the amendment removes the \$1,500 stop loss (annual dental limit) for managed care organizations.

## **Children Covered Under Program**

- The State reports that there were 47,323 children ever enrolled in Kansas' SCHIP program during Federal Fiscal Year 2005.

### **Administration**

- Effective July 1, 2005, the authority to administer SCHIP is transferred from the Secretary of Social and Rehabilitation Services on an interim basis to a new Division of Health Policy and Finance within the Department of Administration. Effective July 1, 2006, the Kansas Health Policy Authority will be established and will permanently assume administration of SCHIP in Kansas.
- Eligibility is continuous for 12 months and re-established annually.
- Presumptive eligibility is provided for children who appear to be eligible for the State's Title XXI State plan.

### **Health Care Delivery System**

- The State contracts with entities that include insurance companies, health maintenance organizations, nonprofit dental service corporations, or nonprofit hospital and medical insurance corporations.

### **Benefit Package**

- The State employee benefit package is used as the benchmark plan. In addition to the benefits provided in the State employee benefit package, enhanced dental benefits and anti-hemophiliac drug benefits are provided.
- Individuals found to be presumptively eligible for the Title XXI State plan at the time of application will receive a Secretarial-approved benefit package until a final eligibility determination is made.

### **Crowd-Out Strategy**

- The State will monitor for substitution of coverage by tracking the number of applicants who are denied SCHIP eligibility because they were found to have other health insurance coverage.

### **Cost Sharing**

- Families with incomes from 151 through 175 percent of the FPL pay \$20 per month per family. Families with incomes from 176 through 200 percent of the FPL pay \$30 per month per family.

### **State Outreach and Enrollment Activities**

- Kansas uses methods to reach families when parents are most receptive to the consideration of obtaining health insurance for their children. School-based events, such as Kindergarten Round-ups, school enrollments, and program flyers sent home during the Winter flu season are methods used to communicate the availability of public health assistance. School nurses assist outreach efforts by informing families of this insurance option.
- The State scheduled times at other public venues for families to complete an application are effective. Application assistance can take place in health departments during WIC pick-up days, or at the State Fair in September.
- The business community is an effective partner in reaching parents. Many employers open their workplaces to presentations and application assistance to their workforce.

### **Coordination between SCHIP and Medicaid**

- Through the use of combined simplified application/enrollment form and the central clearinghouse, eligibility is determined for either Medicaid or SCHIP coverage based on income and age level.

### **Financial Information**

Total FFY '06 SCHIP Allotment – \$76,615,180

FFY '06 Enhanced Federal Matching Rate – 72.29%

*Date last updated: DSCHI, CMSO, CMS, July 31, 2006*